# Issues Management Program

Los Alamos National Laboratory
Laboratory Implementation Requirements LIR 307-01-05.0
Original Issue Date:  06/30/03                                     **Mandatory Document**

## I.0   Introduction

| | |
|---|---|
| **Lessons Learned Note:** | **Click here** for Lessons Learned that may apply to the requirements contained in this LIR. |
| **1.1**<br><br>**Overview** | Issues management is an important tool for continuous improvement.  Issues that can affect an organization's performance arise from many different sources; examples include planned assessments, "for-cause" assessments, incident critiques and investigations, and employee concerns.  The effective resolution of issues requires a formal process to assure they are identified and captured, evaluated for scope and significance, and the formulation and execution of appropriate corrective actions is conducted.  Issues must be tracked to assure corrective actions are closed and to assess the effectiveness of corrective actions; they must be trended to identify both positive and adverse trends.  The continuous improvement loop must then be closed by appropriate communication of lessons learned. |

> **Guidance Note:**  It is important that workers participate in an organization's issues management program.  Employees' work experience and perspectives are particularly valuable in the identification of issues, formulation of corrective actions, and evaluation of their effectiveness.

This document defines the Laboratory's Issues Management Program.  The requirements contained in this LIR complement LPR 307-01-01, *Performance Assurance*, and LIR 307-01-01, *Management Assessment Program*.

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**1.2**
**In this**
**Document**

## 2.0  Purpose and Scope

The requirements contained in this document define the roles, responsibilities, authorities, and accountability that must be implemented for the Laboratory's Issues Management Program. These requirements shall apply to all Laboratory organizations.  All internally and externally identified issues, except classified and unclassified safeguards and security (S&S) issues, shall be managed in accordance with the requirements contained in this LIR. Classified and unclassified S&S issues will be managed according to the requirements established by the Security and

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Safeguards (S) Division.

Full implementation of this LIR is required by December 31, 2003. Interim steps to achieve full implementation will be scheduled and published by the Office of Institutional Coordinator (OIC).

## 3.0  Definitions

**3.1 Acronyms**

| | |
|---|---|
| AA | Audits and Assessments |
| AD | Associate Director |
| CA | Corrective Action |
| DCSSC | Director's Central Safety and Security Committee |
| DNFSB | Defense Nuclear Facility Safety Board |
| DOE | Department of Energy |
| ES&H | Environment, safety, and health |
| NNSA | National Nuclear Security Administration |
| NSEB | Nuclear Safety Executive Board |
| OIC | Office of Institutional Coordinator |
| POC | Point of Contact |
| PS | Performance Surety |
| PS-PI | Performance Surety - Performance Indicator Office |
| S | Security and Safeguards Division |
| S&S | Safeguards and Security |
| SET | Senior Executive Team |
| SME | Subject Matter Expert |
| UC | University of California |

**3.2 Terms**

**apparent cause** – A problem or condition cause determination based on the evaluator's judgment and experience, and where reasonable effort is made to determine why the problem occurred. This might include fact finding, analysis, interviewing, or other appropriate methods.

**Director's Central Safety and Security Committee (DCSSC)** — A committee comprised of the Senior Executive Team (SET) and chaired by the Laboratory Director or his/her designee, which is chartered to provide senior management oversight and direction of institutional issues pertaining to safety and S&S.

**external assessments** — Assessments conducted by entities outside of the Laboratory (e.g., the University of California (UC), Department of Energy (DOE), National Nuclear Security Administration (NNSA), and regulatory agencies).

**functional assessments** — Assessments conducted by functional managers to evaluate the consistency, efficiency, and effectiveness of Laboratory-wide implementation of project management, business and administrative management,

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quality assurance, environment, safety and health (ES&H), and S&S management requirements.

**functional managers** — Individuals appointed by the Laboratory Director who are responsible for coordinating, monitoring, and performing assessments of program implementation (e.g. safety, quality, S&S, and business systems) to meet institutional expectations and regulatory requirements.

> **Guidance Note:** These managers have been referred to as "safety function managers" in previous Laboratory documents.

**hazard** — Any source or situation with potential to cause injury or harm to workers or the public, harm to the environment or incurred liability, or damage to or loss of property.

**independent assessments** — Assessments conducted by personnel that do not have direct responsibility for the work being addressed that evaluate the performance of work processes with regard to requirements, compliance, and expectations for safely and securely performing the work and achieving the goals of the organization.

**issue identifier: The person within the Laboratory that identifies an issue.**

**issue owner**  —A manager, at the lowest level possible, with the authority and resources to correct an issue.

**issue**  — A matter of concern that requires response that if not addressed can adversely affect the quality of science, product or service delivery, safeguards and security, business, operations, environment or employee well being. Issues can result from a variety of sources including audit, assessment, or inspections findings; matters identified by management concerns; nested safety committees; or causal analysis of events.

> **Guidance Note:** The term response refers to management action to address the matter, which can include an analysis that determines that no action is required.

> **Guidance Note:** Issues are generally not events, such as an accident, incident or adverse outcome, but normally stem from an investigation/analysis of such an event or the potential for the occurrence of the event; or from gaps between expectations and existing conditions. The resulting causal factors may generate issues that can either be local or institutional because of the systemic nature, prevalence or far reaching impact.
>
> Responsible managers may designate an individual to determine the suitability of issues to be entered in I-Track based on their professional judgement and the risk based approach listed in section 4.3.1.

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**institutional issue** — Issues that have or could have substantial adverse impacts on performance throughout the Laboratory, require substantial Laboratory resources for corrective action, or require broad senior management concurrence and support for improvement.

**local issue** — Issues that can be effectively managed and resolved at the directorate level or below that are entered into I-Track for tracking, trending, and warehousing purposes only and to provide a comprehensive view of issues from throughout the Laboratory.

**line management self-assessment** — A formal management assessment (referred to as "management assessment" in DOE G 414.1-1A, *Quality Assurance*) conducted at the division/office level to evaluate the efficiency and effectiveness of the execution of business, quality management, safety, and S&S requirements tailored to the mission, objectives, measures and goals of the division/office.

**Nuclear Safety Evaluation Board (NSEB)** — A Board chaired by the Director comprised of the Associate Laboratory Directors with representation from UC, technical advisors, and subject matter experts (SMEs) as required to strengthen the Laboratory's nuclear safety posture by elevating to the attention of senior executive managers to the details of issues that have or could have nuclear safety implications.

**risk** — The quantitative or qualitative expression of possible impacts or loss that considers both the probability that a hazard/activity will cause harm or loss and the consequences of that event.

**risk management** — The process of identifying, evaluating, selecting, and implementing actions to reduce risk to human health, property and ecosystems. Resulting from this process is secure and scientifically sound, cost effective, and integrated actions that reduce risk while taking into account social, cultural, ethical, political and legal considerations.

**root cause** – The fundamental cause(s) and associated corrective action(s) that, if implemented, will minimize the possibility of recurrence of an event or an adverse condition.

**root cause analysis** – The logical search for the fundamental reason that resulted in a deficiency that must be corrected to prevent recurrence.

## 4.0  Implementation Requirements

**4.1 General Requirements**

- The Laboratory's I-Track database shall be the single system for the Issues Management Program.

  Guidance Note: I-Track is available to all organizations via a web-based application and is maintained by the Appraisal and Performance Analysis Group (AA-1).

- All classified and unclassified S&S issues are managed by S Division to ensure protection of classified and S&S information, and shall be integrated into the IM process.

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**4.2 Roles and Responsibilities**

**4.2.1 Laboratory Director**

- The Director shall ensure that the Issues Management Program requirements are implemented.

- The Laboratory Director in conjunction with the SET, DCSSC and NSEB (which are chaired by the Laboratory Director) shall serve as the final decision making authority for issues and corrective actions requiring resources and prioritization at the institutional level. These Laboratory senior management forums shall ensure the following:

  - review trending, analysis, and status reports and direct corrective actions as required;
  - the Issues Management Program is implemented by promoting an open environment and culture to support the identification and resolution of issues; and
  - evidence of issues and corrective action management from directorates is required.

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**4.2.2 Associate Directors**

The Associate Directors (AD) shall:
- establish an issues management process identify, document, track and effectively resolve issues originating at the directorate level using a risk management approach and tailored to the work;
- ensure the Issues Management Program requirements are implemented by promoting an open environment and culture to support the identification and resolution of issues;
- ensure organizations in their directorate establish an issue management process;
- ensure timely development of corrective action plans and implementation of corrective measures from organizations in their directorate; and
- have the discretion to appoint an AD level issues management coordinator to act as an interface with the Issue Coordinator at the institutional level.

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**4.2.3 Functional Managers**

The Functional Managers shall:
- enter all issues identified by Functional Manager Assessment into the Laboratory's Issues Management Process (I-Track); and
- ensure Lessons Learned, Best Practices and noteworthy accomplishment information is entered into I-Track.

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**4.2.4
Division/Office
Leaders**

The Division/Office Leaders shall:

- establish an issues management process at the division/office level to identify, document, track and effectively resolve issues using a risk management approach and tailored to the work;

  **Guidance Note**: Divisions may use an existing process provided the process at a minimum contains the requirements contained in this LIR. Organizations may obtain assistance from the Issue Coordinator [Performance Surety – Performance Indicator (PS-PI) Office] to refine or establish an issues management process within their organization.

- ensure identified issues are entered into the Laboratory's Issues Management process (I-Track);

  > **Guidance Note**: Division/Office Leaders should try to identify an Issue Owner for each issue entered.

  **Caution Note: Any and all entries into I-Track must be unclassified**

- inform employees of the Issues Management program and encourage identification and incorporation of issues; and
- have the discretion to appoint a division/office level Issues Management coordinator to act as an interface with the Issue Coordinator at the institutional level.

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**4.2.5 Issue
Owner**

Issue owner shall:

- concur with or reject ownership;
- ensure root cause analysis is performed for all High issues or as required by external agencies and document in I-Track;
- assign apparent root cause to categories identified in I-Track;
- develop and implement corrective action plans;
- provide objective evidence of corrective action completion and closure and document in I-Track for High and Medium issues or as required by external agencies;
- assess corrective action effectiveness for High issues or as required by external agencies and document in I-Track;
- obtain approval for changes to corrective action due dates, plans, and interim measures for all High significance and all Institutional issues from the Issue Coordinator;
- obtain approval for changes to corrective actions for externally identified issues from the originating agency through the Issue Coordinator;
- obtain approval for changes to corrective actions for internal independent findings from the Audits and Assessments (AA) Office; and
- engage the Issue Identifier in the issue resolution process.

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**4.2.6 Issue Coordinator (PS-PI Office)**

The Performance Surety (PS) Division shall be responsible for developing and managing the Laboratory's Issues Management Program. Oversight of the issues and corrective action processes shall be the responsibility of the Performance Indicator Office (PS-PI), hereafter referred to as the Issue Coordinator.

Issue Coordinator shall:

- be responsible for identifying and integrating all sources of issues including, but not limited to the following:

    o Line-management Assessments
    o Independent and Functional Assessments
    o Employee Safety Concerns
    o Nested Safety Committee
    o Occurrence Investigations
    o Sub-reportable Events
    o Radiological Incident Reports
    o External Assessment
    o Type A/B Investigations
    o Business practices
    o Customer and stakeholder concerns

- periodically review other potential sources for issues such as Ombuds office, Employee concerns and Management Walk-arounds and incorporate them into the tracking and corrective action process;
- screen issues for process entry and tracking determination versus trending or warehousing purposes;
- assign unassigned issues and resolve all disputes regarding ownership;
- establish a formalized process to, analyze, prioritize, categorize, track, and trend issues and generate reports to the Laboratory senior managers and other agencies as required;
- elevate Institutional issues and unresolved: Local issues to the SET, DCSSC, NSEB or other formally designated senior management forums for final disposition, resolution and closure;
- manage  the corrective action process;
- use an independent source to verify closure of selected issues;
- use an independent source to validate effectiveness of corrective actions based on a graded approach;
- manage the formalized change control process and obtain Laboratory senior manager level approval for change requests for institutional issues and from the originating agency for external issues;
- receive, review and disseminate Lessons Learned, Best Practices, and noteworthy accomplishments;
- develop required sub-processes to support the Issues Management Program requirements;
- provide Issues Management Program implementation assistance upon request;

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- serve as a resource to support Issues Owners in causal analysis;
- meet with division/office/AD level issue coordinators on a periodic basis to provide program/process updates and ensure institutional consistency and continual improvement; and
- obtain process user feedback and continuously improve the issues management program- ~~processes~~ to better enhance user friendly requirements.

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**4.2.7 Audits and Assessments (AA) Office**

AA Office shall:

- conduct assessments of the Issues Management program on a periodic basis to evaluate program effectiveness and consistency of implementation within the Laboratory; and
- provide results of the assessment to Laboratory senior managers to determine if actions to improve the program or its implementation are required.

AA-1 shall:

- manage and maintain the I-Track database;
- serve as the I-Track SME for training; and
- provide assistance to users.

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**4.3 Program Elements**

**4.3.1 Significance Determination and Risk Management**

- The level of significance using a risk based approach shall be used to determine the priority and management approach the organization must use to resolve the issue (see Attachment B).
- Risk must be assessed by using the best available information and tools to identify an issue, determine the potential and extent of its impact, and the consequence and severity of the outcome if the issue is not effectively resolved.
- The potential adverse consequence and severity shall be applied to determine the level of significance.

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**4.3.2 Issue Categorization**

- When an issue is documented in I-Track, the issue must be reviewed by the Issue Coordinator for suitability; consistency in Significance Level; issue ownership assignment; trending versus tracking, and if it is a duplicate of an existing issue.
- If an issue is not suitable or there is another process to address the issue (e.g. grievance process), the Issue Coordinator will notify affected parties and document the justification in I-Track.

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- If the issue is a duplicate or similar to an existing issue, the Issue Coordinator must close the new issue by referencing the existing issue and notify the affected parties. If the issue is entered for trending purposes only, automatic I-Track notifications shall not be forwarded to the Issue Owner(s).

- When the suitability has been determined, the Issue Coordinator must categorize the issue as follows:

    - Employee Safety Concern
    - Nuclear Safety
    - Business Practices
    - Resource Management
    - Programmatic
    - Deficiency
    - Non-conforming Item
    - Reportable Occurrence

**4.3.3 Causal Analysis**

- A formal causal analysis, with documentation in I-Track, is required for all High Issues and shall be optional for other levels unless required by external agencies.

- Formal casual analysis shall be the responsibility of the Issue Owner but assistance can be obtained from the Issue Coordinator (PS-PI).

- Causal analysis shall be the systematic method used to identify the root cause of performance problems or adverse trends, and it must be performed to arrive at actions that are required to correct the problem and prevent recurrence.

**4.3.4 Corrective Action Management**

- Based on the issue significance level contained in the requirements matrix in Attachment C, corrective actions shall be developed and implemented by the Issue Owners.

- Corrective action plans must be developed for issues with High and Medium significance levels and documented in I-Track.

**4.3.5 Closure Verification and Validation of Corrective Action Effectiveness**

- Issue Owners must ensure closure and validation of the effectiveness for all High issues or as required by external agencies and document in I-Track (for a sample screen of I-Track).

- The Issue Coordinator must provide independent confirmation of closure and corrective action effectiveness on a sample of High and Medium issues or as required by external agencies.

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**4.3.6 Reporting and Performance Metrics**

- The Issue Coordinator must develop and revise as required Issues Management performance indicators for review and follow-up action by the Laboratory's senior managers on a periodic basis.

- Metrics must include but shall not be limited to division/directorate level use of the Issues Management process; issue categorization, classification, and cause determinations; and corrective action management status points such as open issues, closed issues, late corrective actions, change control, and recurrence of issues.

## 5.0  Records

At a minimum, PS-DO must maintain the following records for 2 years after which time they shall be transferred to Information and Records Management, IM-5, for "life-cycle" storage:

- root cause analysis;
- corrective action completion;
- effectiveness and verification of corrective action; and
- disposition and closure of issues.

## 6.0  References

**6.1 Documents**

- Performance Assurance, Los Alamos National Laboratory (LANL), LPR307-01-00.
- Management Safety Walk-Arounds, LANL, LIR307-01-03.
- Management Assessment Program, LANL, LIR 307-01-01.
- Laboratory Records Management, LANL, LIR 308-00-02.

**6.2 Document Ownership**

PS-PI shall be the OIC for this LIR (665-1120).

**7.0 Attachments**

Attachment A: Issues Management Process Flow
Attachment B: Significance Levels
Attachment C: Requirements Matrix

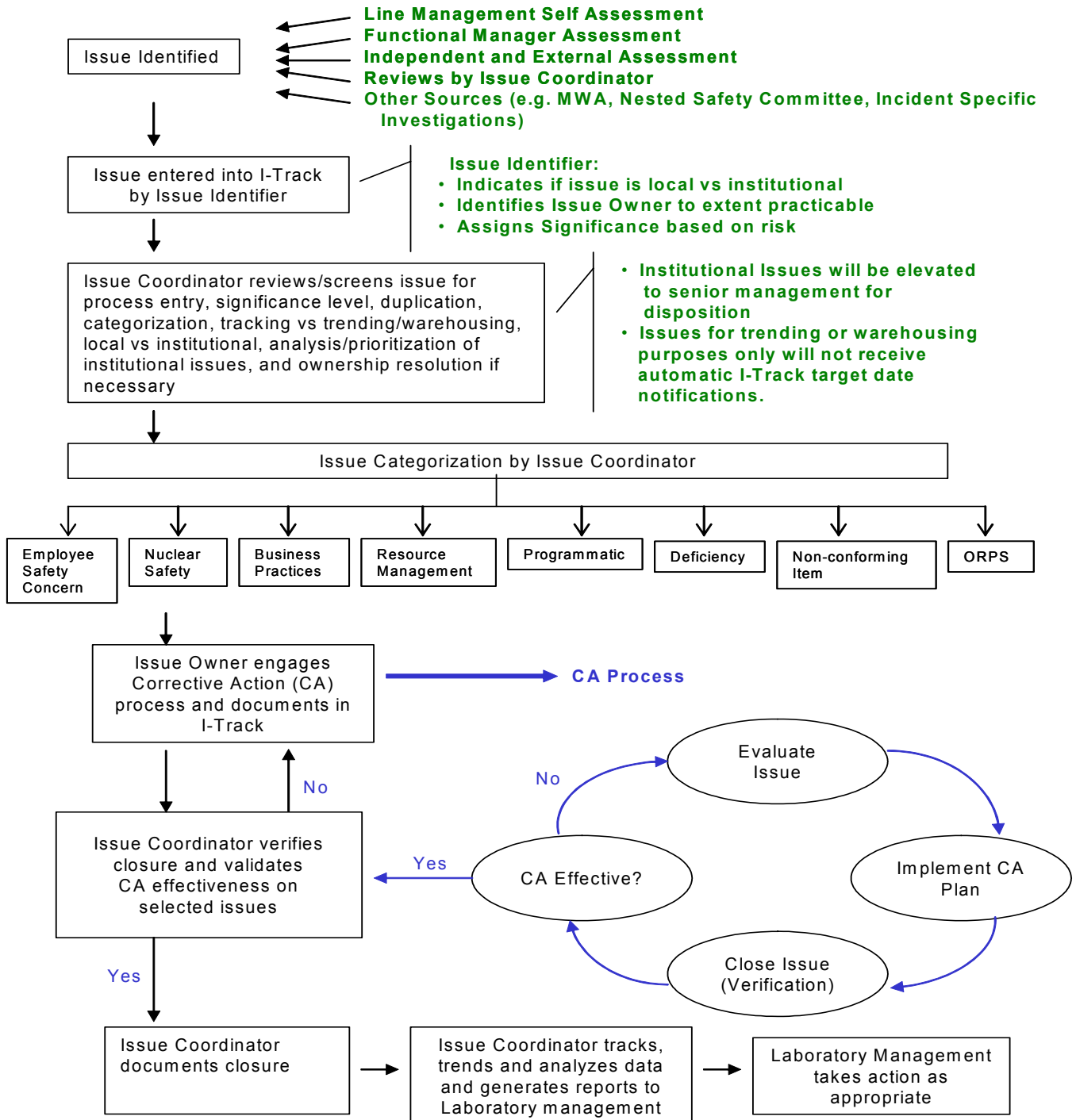# Issues Management Program

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## Attachment A

### Issues Management Process Flow

**Line Management Self Assessment**
**Functional Manager Assessment**
**Independent and External Assessment**
**Reviews by Issue Coordinator**
**Other Sources (e.g. MWA, Nested Safety Committee, Incident Specific Investigations)**

Issue Identified

Issue entered into I-Track by Issue Identifier

**Issue Identifier:**
- **Indicates if issue is local vs institutional**
- **Identifies Issue Owner to extent practicable**
- **Assigns Significance based on risk**

Issue Coordinator reviews/screens issue for process entry, significance level, duplication, categorization, tracking vs trending/warehousing, local vs institutional, analysis/prioritization of institutional issues, and ownership resolution if necessary

- **Institutional Issues will be elevated to senior management for disposition**
- **Issues for trending or warehousing purposes only will not receive automatic I-Track target date notifications.**

Issue Categorization by Issue Coordinator

| Employee Safety Concern | Nuclear Safety | Business Practices | Resource Management | Programmatic | Deficiency | Non-conforming Item | ORPS |

Issue Owner engages Corrective Action (CA) process and documents in I-Track

**CA Process**

Issue Coordinator verifies closure and validates CA effectiveness on selected issues

No

Evaluate Issue

No

CA Effective?

Yes

Implement CA Plan

Close Issue (Verification)

Yes

Issue Coordinator documents closure → Issue Coordinator tracks, trends and analyzes data and generates reports to Laboratory management → Laboratory Management takes action as appropriate

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## Attachment B

### Issue Significance Levels

**High**: Severe potential risk that poses imminent hazard to worker health and safety, the public, the environment, security, regulatory compliance, facility operations, and/or program/business execution.

**Medium**: Moderate potential risk that poses a hazard to worker health and safety, the public, the environment, security, regulatory compliance, facility operations, and/or program/business execution.

**Low**: Minor potential risk that poses a low level hazard to worker health and safety, the public, the environment, security, regulatory compliance, facility operations, and/or program/business execution..

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## Attachment C

Requirements Matrix

| ISSUES MANAGEMENT REQUIREMENTS MATRIX | | | | |
|---|---|---|---|---|
| Activity | Responsibility | Issue Significance Level | | |
| | | High | Medium | Low |
| Assignment of responsibility for resolution | Issue Owner* | all significance levels | | |
| Root Cause Analysis** | Issue Owner | Required | Optional*** | Optional*** |
| Apparent Root Cause Coding in I-Track | Issue Owner | Required | Required | Required |
| Action plan development | Issue Owner | Required | Required | Optional*** |
| Tracking of actions to closure in I-Track | Issue Owner | Required | Required | Optional*** |
| Documentation of closure | Issue Owner | Required | Required | Optional*** |
| Validation of effectiveness of resolution | Issue Owner | Required | Optional*** | Optional*** |
| Trending, analysis, synthesis of data and reporting to senior management | Issue Coordinator | Quarterly or as required by senior managers | Quarterly by Issue Coordinator or as required by senior managers | Quarterly by Issue Coordinator or as required by senior managers |
| Obtain approval for changes to corrective action plans due dates and interim measure from issue coordinator | Issue Owner | Required for all issues | Required for Institutional or External issues | Required for Institutional or External issues |
| Independent Review of Closure and validation of effectiveness | Issue Coordinator | Performed on selected sample of issues or as required by external agencies | Optional*** | Optional*** |

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\* All activities shall be the overall responsibility of the Issue Owner unless otherwise indicated, however, Issue Owners may, as required, formally delegate specific actions. Actions for required activities must be documented in I-Track.

\*\* Assistance for root cause analysis may be obtained from the Issue Coordinator (PS-PI).

\*\*\* Optional unless required by external agency.